United Nations E/ICEF/2001/P/L.16/Add.1

Economic and Social Council

Distr.: Limited
12 November 2001

Original: English

For action

United Nations Children's Fund
Executive Board
Second regular session 2001
10-14 December 2001
Item 5 of the provisional agenda*

Country programme recommendation**

Sao Tome and Principe

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Sao Tome and Principe, which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $3,090,000 from regular resources, subject to the availability of funds, and $500,000 in other resources, subject to the availability of specific-purpose contributions for the period 2002 to 2006.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

01-63490 (E) 291101

Basic data[a] *(1999 unless otherwise stated)*	
Child population (millions, under 18 years)	0.1
U5MR (per 1,000 live births) (2000)	75
IMR (per 1,000 live births) (2000)	58
Underweight (% moderate and severe) (1996)	16
Maternal mortality ratio (per 100,000 live births)	. .
Literacy (% male/female) (1991)	85/62
Primary school enrolment (% net, male/female)	. . /. .
Primary school children reaching grade 5 (%)	. .
Use of improved drinking water sources (%)	. .
Routine EPI vaccines financed by Government (%)	. .
GNP per capita (US$)	270
One-year-olds fully immunized against:	
Tuberculosis	80 per cent
Diphtheria/pertussis/tetanus	73 per cent
Measles	59 per cent
Poliomyelitis	72 per cent
Pregnant women immunized against tetanus	31 per cent

[a] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. The situation analysis of children and women remains essentially unchanged, as described in the country note presented to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.16). Since then, the multiple indicator cluster survey (MICS) launched in March 2001 has revealed new and important information in several areas.

2. Immunization coverage results continue to compare favourably with those of other African countries. For instance, more than 80 per cent of children under 12 months of age had completed the recommended eight vaccinations. With malaria remaining the principal killer of children, only 43 per cent of all children under five years old sleep under a bed net, over one half of which are impregnated. A micronutrient study funded by the Government of the Netherlands revealed a high incidence of anaemia in pregnant women (72 per cent) and children under five years of age (69 per cent). Eighty per cent of the population have access to safe drinking water (urban/rural: 88/72 per cent), with the remote south well below the national average (62 per cent). Only one quarter of the population live in households with latrines. Malnutrition has worsened, with 29 per cent of children under five years of age stunted. In line with global trends, children born to mothers with a secondary

education are at far less risk for malnutrition. Some 15 per cent of children weigh less than 2,500 grams at birth. Approximately 64 per cent of children under four months of age are exclusively breast-fed, thus showing a trend towards the recommended norm. Forty-two per cent of children between the ages of 20 and 23 months continue to be breast-fed. Only 41 per cent of all households use iodized salt.

3. Sixty-eight per cent of primary-school-aged children are enrolled in primary school. The second MICS (MICS2) found that, at the national level, there is almost no difference between boys' and girls' school net enrolment rates (74 and 70 per cent, respectively). Some 83 per cent of children entering first grade finish the fourth year of school. However, as a result of the lack of availability of higher grades in many underserved areas, only 47 per cent reach fifth grade. Although 83 per cent of the population over 15 years old can read and write, the quality of education remains poor, mainly as a result of insufficient teaching materials, poor motivation among teachers and overcrowded classrooms. In cooperation with a national team of experts, UNICEF completed a comprehensive study on child labour. A key finding is that in rural areas without access to the higher grades of primary school, children start to work at a very early age. MICS2 revealed that 8 per cent of children 5 to 14 years old work for a person outside their family. Even very young children are engaged in the most difficult forms of labour such as cutting stones, carrying bricks for construction, metalworking and mechanics. For the most part, girls are not involved in these activities. Conditions of apprenticeship are not defined in accordance with norms of development and protection.

4. In January 2001, a national commission was appointed by the Ministry of Foreign Affairs and Cooperation to prepare the initial report on implementation of the Convention on the Rights of the Child. The report is expected to be submitted to the Committee on the Rights of the Child in Geneva by June 2001.

Programme cooperation, 1997-2001

5. The 1997-2001 country programme of cooperation (E/ICEF/1996/P/L.5/Add.1) was based on the 1994 National Plan of Action (NPA) for Children, which encompassed the goals of the World Summit for Children. Initially launched with 4 sectoral programmes, 10 projects and over 100 activities, financial resources were spread thin, thus reducing the overall impact. In the second year of the cycle, the country programme was focused on three programmes - health, education, and water and sanitation - with the activities of the information and communication programme integrated throughout. Collaboration with other United Nations agencies was strengthened considerably over time, particularly in health and nutrition.

6. UNICEF continued to procure vaccines, materials and equipment. In addition, UNICEF initiated the Bamako Initiative, including the procurement of essential drugs, and supported reproductive health. In close collaboration with the World Health Organization (WHO) and the Ministry of Health, the Integrated Management of Childhood Illness (IMCI) Initiative has become a pillar of the national health strategy. In October 2000, the country qualified for assistance through the Global Alliance for Vaccines and Immunization (GAVI). Under an agreement with the Ministry of Health, UNICEF supports 12 recently graduated female nurses for a period of three years, after which they will be integrated into the National Health

Service. The water and sanitation programme continued to provide potable water through water gravity systems. Over 500 latrines were built in communities and schools through the technical team of the Ministry of Health and an Italian non-governmental organization (NGO). A study on girls' education found that chances for girls' education decrease in the higher grades due to the pressures of family requirements and teenage pregnancy. The training of teachers, support to statistics development and school health remain major areas of intervention. School materials were procured for three consecutive years, benefiting nearly 27,000 children in 68 crèches and 72 primary schools.

7. Although the programme initially focused little on rights and gender, there was marked improvement in the last two years of the cycle. Appointed by the Minister of Foreign Affairs and Cooperation, a national team supported by UNICEF has begun to elaborate the initial report on the Convention on the Rights of the Child. The voice of children is beginning to be heard through the child-to-child approach in primary schools. On the occasion of the International Day of the Child, a children's parliament held a one-day session at the National Parliament. Most of its recommendations centred on the need to improve the quality of and access to education. Thirty-five girls completed an 18-month course in life skills, facilitated by the Directorate for Youth and supported by UNICEF.

8. The absence of national policies and plans of action at the beginning of the programme cycle have been factors of constraint. In preparation for the round table held in October 2000, the new administration prepared a series of policy reviews and long-term plans of action. The donors in Geneva thus endorsed the Priority Action Plan 2000-2002. The health sector has developed a national policy and a plan of action, which will be presented at the health sector round table. In later years, implementation of the country programme was hampered by successive strikes in the social sector. The education sector was hit hardest, which, in turn, led to a further deterioration in quality as well as a growing number of children not returning to school. Teachers demanded substantial salary increases and an improved physical school environment. Due to budgetary limitations imposed by the Bretton Woods institutions, these demands have only been partially met. A greater effort to improve the viability of social statistics has been observed.

Lessons learned from past cooperation

9. The information provided in the section on lessons learned in the country note remains basically unchanged. It suffices to mention that MICS2 has now been completed, and implications of its findings are still being discussed with partners. This survey identified areas in need of social policies that can provide a basis for strengthened coordination of activities that aim at improving the rights of children and women.

Recommended programme cooperation, 2002-2006

	Estimated annual expenditure (In thousands of United States dollars)					
	2002	*2003*	*2004*	*2005*	*2006*	*Total*
Regular resources						
Basic services	388.2	388.2	388.2	388.2	388.2	1 941.0
Social planning, monitoring and evaluation	75.0	75.0	75.0	75.0	75.0	375.0
Cross-sectoral costs	154.8	154.8	154.8	154.8	154.8	774.0
Subtotal	**618.0**	**618.0**	**618.0**	**618.0**	**618.0**	**3 090.0**
Other resources						
Basic services	75.0	75.0	75.0	75.0	75.0	375.0
Social planning, monitoring and evaluation	25.0	25.0	25.0	25.0	25.0	125.0
Subtotal	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**500.0**
Total	**718.0**	**718.0**	**718.0**	**718.0**	**718.0**	**3 590.0**

Country programme preparation process

10. Under the leadership of the Ministry of Foreign Affairs and Cooperation, the first-ever mid-term review (MTR), held in July 1999, initiated the country programme process for the period 2002-2006. Throughout the year, regular consultations were held with the Government and civil society to develop strategies for the new country programme, culminating with the first-ever strategy meeting, held in September 2000, which endorsed the strategy document and the country note. At a preview retreat held in March 2001, government counterparts and NGOs endorsed the master plan of operations. The elaboration of the country programme greatly benefited from the active participation and input from other United Nations agencies, bilateral donors and NGOs working in the country. The simultaneous preparation of the United Nations Development Assistance Framework (UNDAF) further guided the programme preparation process.

11. The Regional Consultation for Children in West and Central Africa in the beginning of the 21st century, held in Abidjan, Côte d'Ivoire, in December 1999, and the Regional Ministerial Meeting on Promotion of Children's and Women's Rights, held in Togo, in May 2000, were instrumental in designing innovative programme strategies based on the three desired outcomes for children and youth. In April 2000, UNICEF briefed the Government, bilateral donors and United Nations agencies on the Global Movement for Children, whose evolving plan of action became the guiding force in the country programme preparation process.

Country programme goals and objectives

12. The principal country programme objectives will contribute to: reduction of the infant mortality rate (IMR) to less than 60 per 1,000 live births and the under-five mortality rate (U5MR) to less than 90 per 1,000 per live births; reduction of the

maternal mortality ratio (MMR); elimination of vitamin A deficiency in children under five years of age and of iodine deficiency; reduction of anaemia in women of child-bearing age; improvement of early childhood care (ECC) for survival, growth and development; improvement in access to and the quality of basic education; an increase in literacy rates to 80 per cent; and protection of children from hazardous labour, violence and abuse. The new country programme will consist of a basic services programme and a social planning, monitoring and evaluation programme.

Relation to national and international priorities

13. The strategic framework of the country programme for the period 2002-2006 is based on the three desired outcomes of the Global Movement for Children. It builds upon proven strategies to contribute to the achievement of the goals of the World Summit for Children and NPA, within the context of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The proposed programme takes full advantage of the enhanced national policy environment resulting from reforms undertaken recently by the Government based on: (a) poverty reduction through economic growth; (b) improved access to and the quality of social services, in particular health and education, through strengthening national capacities; and (c) the establishment of safety nets for the poorest and most vulnerable groups. In effecting these reforms, the Government is committed to ensuring adequate allocations to the education and health sectors.

Programme strategy

14. The main focus of the country programme for the period 2002-2006 is on an integrated rights-based, people-centred, gender equality approach. The overall aim is to realize the three outcomes of the global agenda: to provide a healthy start for children, giving them the ability to learn, stay healthy and grow up in a caring and stimulating environment; to facilitate access to quality basic education without discrimination; and to create opportunities for adolescents, in particular girls, in order to develop capacities and participate fully in society. The country programme is commensurate with the Government's medium-term national plan, which gives the highest priority to health and education. The simultaneous preparation of UNDAF in Sao Tome and Principe further guided the elaboration of the programme strategy. In addition, a national Poverty Reduction Strategy Paper, emphasizing health and education as the main pillars, is being prepared.

15. Strategies cutting across the country programme focus on greater participation of civil society, with a focus on strengthening the family through its involvement in community development; monitoring implementation of child rights; gender equality in all interventions; national capacity at the service delivery level for enhanced sustainability; building partnerships, with a view to going to scale; support to the creation of a national association of NGOs for information exchange and mutual support; and advocacy and communication for the gradual implementation of the 20/20 Initiative.

16. **Basic services**. The structure of this programme reflects an attempt to achieve greater convergence among its three projects — primary health care, basic education

and child protection — through intersectoral coordination. These projects will be integrated through the convergence of interventions within the same geographic project areas. Specific programme objectives aim to: provide innovative approaches to enable the reform of the health and education sectors; improve the quality of and access to basic services, ensuring gender equality; monitor the physical and stimulative development of children 0 to 8 years of age; and strengthen the protection and development of children with special needs. Specific strategies aim to: improve the impact of central and district planning, management and supervision; promote the participation of children and women in their own development; strengthen the support role of communication to service delivery and capacity-building; and, in remote rural areas, collaborate with NGOs in converging community-based activities in health, water and sanitation, and education.

17. **Social planning, monitoring and evaluation**. This programme aims to: contribute to the elaboration of a national policy on poverty reduction; strengthen the capacity of the Government to monitor progress on the implementation of rights of children and women; and strengthen the performance of the country programme to support implementation of these rights. The specific strategies aim to forge an alliance with the donor community to achieve these objectives. The outcome of studies and surveys, such as the recent MICS and the ongoing study on child labour, will be used to provide more effective interventions for children and women. It is envisaged that parents and employers will be sensitized to the problems associated with child labour and that communities will be given alternatives to supplement household incomes, in partnership with NGOs.

18. **Cross-sectoral costs** will cover staff costs, contribution to United Nations common premises, the procurement of supplies, and emergency management based on an emergency preparedness plan.

Monitoring and evaluation

19. The integrated monitoring and evaluation plan (IMEP), the annual project work plan and annual project assessment tables are the principle monitoring and evaluation tools. The IMEP includes indicators for all programme and project objectives, the sources of data pertaining to them, data collection activities to be carried out during the cycle, and major milestones for programme monitoring, annual reviews, the MTR and the end-of-cycle review. MICS2 data coinciding with the beginning of the programme will provide baseline information to help measure progress towards programme targets. Its main indicators are IMR, U5MR, MMR and reduction in micronutrient deficiencies in children under five years of age and women of child-bearing age; improvement of ECC; improved literacy; enhanced quality of education; and improved indicators on children's and women's rights.

Collaboration with partners

20. With the exception of the Government of the Netherlands, which contributed to the micronutrient study, no major donor support was received during the past programme of cooperation. With a more realistic programme and country team in place, more active fund-raising will now be undertaken. UNICEF intends to solicit contributions from the Government of the Netherlands to extend the micronutrient

study mentioned in paragraph 2 above to the districts of the country where the previous study was unsuccessful. Sao Tome and Principe is among the first countries to qualify for GAVI.

21. Collaboration with other United Nations agencies and bilateral donors will be strengthened further. Collaboration with WHO is already strong in health reform, immunization and IMCI. With the Governments of Portugal and the United States undertaking feasibility studies in vector control and other malaria control measures, WHO and UNICEF will collaboration through the Roll-Back Malaria programme, with UNICEF supporting impregnated bednets and social mobilization. UNICEF is also an active member of the Joint United Nations Programme on HIV/AIDS. In the area of reproductive health, collaboration with the United Nations Population Fund is strong in improving health care at maternities. In supporting school gardens, UNICEF links with the World Food Programme's recently resumed school feeding programme.

22. In the context of the Global Movement for Children, UNICEF will continue to work with child rights organizations. The proposed federation of NGOs in Sao Tome and Principe is expected to strengthen capacities of national NGOs and youth organizations.

Programme management

23. The Ministry of Foreign Affairs and Cooperation has oversight in the elaboration and coordination of the country programme. Its Directorate for Multilateral Relations is the focal point for coordination between government partners, NGOs, bilateral donors and the United Nations system. Specifically, the Directorate chairs annual reviews, the MTR and the strategy meeting. Under its general orientation and guidance, the ultimate success of programme implementation will depend on coordinated action among the respective ministries, notably the Ministry of Health and Sports; the Ministry of Education, Culture and Youth; the Ministry of Plan and Finance; and the Ministry of Justice and Labour. An interministerial committee will be established to monitor progress of the young child and, in general, to achieve greater linkages and collaboration among sectors.

24. The basic services programme will be implemented with the Ministry of Health and Sports for the health project; the Ministry of Education, Culture and Youth for the education project; and the Ministry of Justice and Labour for the child protection project. The social planning, monitoring and evaluation programme will be implemented with the Ministry of Plan and Finance. Each project has designated a coordinator, who has overall responsibility, in collaboration with the UNICEF project officer, for the planning, implementation, monitoring and evaluation of a specific project. Following the annual review, annual project work plans are elaborated and signed by counterparts.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : SAO TOME AND PRINCIPE
PROGRAMME : 2002-2006

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
Basic services	1,941,000		1,941,000	0	0	0	0	0	0	0	2	1	3	0	279,129	279,129
Soc. planning, monit and eval.	375,000		375,000	0	0	0	0	0	0	0	0	0	0	0	0	0
Cross-sectoral costs	774,000		774,000	0	0	0	0	0	0	0	2	4	6	0	349,775	349,775
TOTAL RR	3,090,000		3,090,000	0	0	0	0	0	0	0	4	5	9	0	628,904	628,904
OTHER RESOURCES :																
Basic services		375,000	375,000	0	0	0	0	0	0	0	0	0	0	0	0	0
Soc. planning, monit and eval.		125,000	125,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		500,000	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL RR & OR	3,090,000	500,000	3,590,000	0	0	0	0	0	0	0	4	5	9	0	628,904	628,904
SUPPORT BUDGET	Operating costs		15,612													
	Staffing			0	0	0	0	1	0	1	0	0	1	635,335	0	635,335
GRAND TOTAL (RR + OR + SB)				0	0	0	0	1	0	1	4	5	10	635,335	628,904	1,264,239
Number of posts and staff costs:																
Current programme cycle										1	3	4	8			
At the end of proposed programme cycle (indicative only)										1	4	5	10	635,335	628,904	1,264,239

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

E/ICEF/2001/P/L.16/Add.1